OPINION FORM

To Help You Record
Your Opinions
Of the Test Cigarettes

These are the kinds of questions we will be asking you. It would be easier for you if you make notes here as you smoke the cigarettes and have these pages handy when we call you.

FOR THE CIGARETTES MARKED "SMOKE FIRST" WITH A _____ CIRCLE

1. What do you think of this kind of pack? Circle one

   It is
   Excellent Very good Good Fair Poor

2. Was it easy to open? Yes ( ) No ( )

3. Did the packs rip, tear, or break apart? Yes ( ) No ( )

4. Was there a problem of keeping the cigarettes fresh?

   Yes ( ) No ( )

5. Was it convenient to get the cigarettes out of the pack?

   Yes ( ) No ( )

6. Was the pack comfortable to carry? Yes ( ) No ( )

7. Did the cigarettes get crushed or mashed? Yes ( ) No ( )

8. Were there a lot of tobacco crumbs in your pocket or purse from this pack?

   Yes ( ) No ( ) No more than usual ( )

9. Was it ever hard to get the cigarettes out of the pack?

   Yes ( ) No ( )

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